

**108000002993**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
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**\*RE-SUBMIT\***  
Please retain original filing date of submission 7/2/08  
DIVISION OF CORPORATIONS  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Integrity Rehab Group, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04/5
Estimated Charge	\$70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
MRS

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Help



July 3, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: INTEGNTY REHAB GROUP, INC.  
REF: W08000031887

We have received your document for INTEGNTY REHAB GROUP, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H08000164969  
Letter Number: 508A00039652

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Integrity Rehab Group, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FBI number, if applicable)

4. June 19, 2001

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2250 Harrison Avenue, Panama City, FL 32404

(Principal office address)

1945 Scottsville Rd., B-2, PMB356, Bowling Green, KY (FL. Phys. Ther. clinic not yet open)

(Current mailing address)

8. Mgt. of Physical therapy services for physicians' office in Florida

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: Carol Record CAROL RECORD  
(Registered agent's signature) ASST. SEC.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: David Van Name

Address: 24211 Wembley Court  
Valencia, CA 91355

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Tom Pennington

Address: 2309 H E Johnson Rd.  
Bowling Green, KY 42103

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Philip Clements

Address: 7914 Farm Spring Drive, Prospect, KY 40059

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Tom Pennington  
(Signature of Director or Officer listed in number 12 of the application)

14. Tom Pennington, CEO & president  
(Typed or printed name and capacity of person signing application)

**Commonwealth of Kentucky**  
**Trey Grayson, Secretary of State**

7/2/2008

Division of Corporations  
Business Filings

P. O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication Number: 86755  
Jurisdiction: Integrity Rehab Group, Inc.  
Visit <http://apps.sos.ky.gov/business/cdb/certvalidate.aspx> to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**INTEGRITY REHAB GROUP, INC.**

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is June 19, 2001 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 2nd day of July, 2008.



*TG*  
Trey Grayson  
Secretary of State  
Commonwealth of Kentucky  
66755/0517896

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